


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J84830 (5)**

1. Corporation Name  
**RAIDER CONSTRUCTION, INC.**



Principal Place of Business <b>RAFFA ASSOCIATES INC. 4336 NE 5 AVE. FT. LAUDERDALE FL 33334 US</b>	Mailing Address <b>JOSEPH W. RAFFA 4336 NE 5 AVE. FT. LAUDERDALE FL 33334-3104 US</b>
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3. Date Incorporated or Qualified <b>07/29/1987</b>	3a. Date of Last Report <b>01/26/1996</b>
4. FEI Number <b>66-0437895</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**RAFFA, JOSEPH WILLIAM  
4336 NE 5 AVENUE  
FT. LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RAFFA, JOSEPH</b>
STREET ADDRESS	<b>2824 NE 3 TERRACE</b>
CITY-ST-ZIP	<b>WILTON MANORS FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>RAFFA, FRANK T</b>
STREET ADDRESS	<b>2310 NW 6 AVE.</b>
CITY-ST-ZIP	<b>WILTON MANORS FL 33311</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RAFFA, PATRICK</b>
STREET ADDRESS	<b>2310 NW 6 AVE.</b>
CITY-ST-ZIP	<b>WILTON MANORS FL 33311</b>
TITLE	<b>DT</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>RAFFA, D T</b>
STREET ADDRESS	<b>4011 NE 28TH AVE.</b>
CITY-ST-ZIP	<b>LIGHT HOUSE POINT FL 33064</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>PRESIDENT &amp; TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>JOSEPH W. RAFFA</b>
13 STREET ADDRESS	<b>4505 N.E. 23 AVENUE</b>
14 CITY-ST-ZIP	<b>FT. LAUDERDALE, FLA. 33308</b>
21 TITLE	<b>VICE PRESIDENT, SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>FRANK T. RAFFA</b>
23 STREET ADDRESS	<b>3 SUNSET LANE</b>
24 CITY-ST-ZIP	<b>POMPANO BEACH, FLA. 33062</b>
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **JOSEPH W. RAFFA, PRES.** *Joseph W. Raffa* 1-23-97 954-563-2339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)